

PATENT APPLICATION FEE DETERMINATION RECORD  
Effective October 1, 2003

Application or Docket Number

**10/510990**

CLAIMS AS FILED - PART I

| (Column 1)                       | (Column 2)                     |
|----------------------------------|--------------------------------|
| TOTAL CLAIMS                     | <i>Cancelled</i>               |
| FOR                              | NUMBER FILED      NUMBER EXTRA |
| TOTAL CHARGEABLE CLAIMS          | minus 20 =                     |
| INDEPENDENT CLAIMS               | minus 3 =                      |
| MULTIPLE DEPENDENT CLAIM PRESENT | <input type="checkbox"/>       |

| SMALL ENTITY<br>TYPE | OTHER THAN<br>OR SMALL ENTITY |
|----------------------|-------------------------------|
| RATE                 | Fee                           |
| BASIC FEE            | <b>475</b>                    |
| XS 9=                |                               |
| X43=                 |                               |
| +145=                |                               |
| <b>TOTAL</b>         | <b>475</b>                    |
| OR TOTAL             |                               |

\* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

| (Column 1)  | (Column 2)                                | (Column 3)                                  |
|---|---|---|
| AMENDMENT A   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR |
| Total   | • 20                                      | Minus      = 20 = 0                         |
| Independent   | • 3                                       | Minus      = 3 = 0                          |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |   |   |

| SMALL ENTITY | OTHER THAN<br>OR SMALL ENTITY |
|--------------|-------------------------------|
| RATE         | ADDI-<br>TIONAL<br>FEE        |
| XS 9=        |                               |
| X43=         |                               |
| +145=        |                               |
| <b>TOTAL</b> | <b>ADDITIONAL FEE</b>         |
| OR TOTAL     |                               |

| (Column 1)  | (Column 2)                                | (Column 3)                                  |
|---|---|---|
| AMENDMENT B   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR |
| Total   | • 20                                      | Minus      = 20 =                           |
| Independent   | • 3                                       | Minus      = 3 =                            |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |   |   |

| RATE         | ADDI-<br>TIONAL<br>FEE |
|--------------|------------------------|
| XS 9=        |                        |
| X43=         |                        |
| +145=        |                        |
| <b>TOTAL</b> | <b>ADDITIONAL FEE</b>  |
| OR TOTAL     |                        |

| (Column 1)  | (Column 2)                                | (Column 3)                                  |
|---|---|---|
| AMENDMENT C   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR |
| Total   | •   | Minus      =                                |
| Independent   | •   | Minus      =                                |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |   |   |

| RATE         | ADDI-<br>TIONAL<br>FEE |
|--------------|------------------------|
| XS 9=        |                        |
| X43=         |                        |
| +145=        |                        |
| <b>TOTAL</b> | <b>ADDITIONAL FEE</b>  |
| OR TOTAL     |                        |

- \* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
- \* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
- \* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".
- \* The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.